





## CITY OF FORT WORTH MEMORANDUM OF UNDERSTANDING

- I. I understand that my participation in the Plan is governed by the terms and conditions of the Plan Document.
- II. The product information brochure and fund prospectuses are available upon request at [www.nrsforu.com](http://www.nrsforu.com) or by calling 1-877-NRS-FORU.
- III. The total annual deferral amount to all 457(b) plans is the lesser of \$16,500 for calendar year 2010 or 100% of includible compensation. Under certain circumstances, additional amounts above the limit may be deferred into the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of Normal Retirement Age and did not defer the maximum amount in prior years. The Plan Document provides additional details about deferral limits. Deferrals in excess of maximum amounts are not permitted and will be considered taxable income when refunded. It is my responsibility to ensure my deferrals do not exceed the annual limit.
- IV. I may withdraw funds from the Plan only upon severance from employment; at age 70 1/2 (if deferrals have stopped); upon an unforeseeable emergency approved by the Plan; or I may take an one time in-service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not deferred into the Plan for two or more years. In some cases withdrawal for purchase or repayment of service credits in a governmental defined benefit plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code and applicable regulations, some of which are expressed in the Plan Document.
- V. Generally, my distributions must begin no later than April 1st following the year I reach age 70 1/2. If I work beyond age 70 1/2, generally, my distributions must begin no later than April 1st following the year I have a severance from employment or retire. Please consult your plan document for further details. All distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of IRC Sec. 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. **Failure to meet minimum distribution requirements may result in the payment of 50% federal excise tax.**
- VI. The funds in my account may be eligible for rollover to a traditional IRA or to an eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I have been advised to consult a tax advisor. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Plan Administrator shall be responsible for those tax consequences.
- VII. I understand that all amounts deferred into the plan and earnings on the amounts deferred are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries until such time as the deferred amount is made available to the participant or beneficiary.
- VIII. No more than 25% of total deferrals can be used to purchase life insurance.
- IX. For life applications that require further underwriting, as set forth under the Life Insurance options below, I authorize NRS to credit my life insurance deferrals to the other options I have selected. If coverage is approved, NRS has my permission to then remit the required premium to the life insurance company. In addition, I agree that any life insurance deferrals that are redirected, either pending approval of coverage or due to rejection of coverage, shall remain in those other options.
- X. If the life insurance coverage applied for cannot be issued, or if the policy terminates due to insufficient premium, my continuing deferrals will be credited to the annuity option(s) based on my then current allocation (unless I notify the Plan Administrator otherwise).
- XI. I understand that all products are optional. The Life Insurance options are not available unless a non-life insurance option is also elected.
- XII. I understand that I may make changes among the investment options within my account as frequently as daily, but any change may be subject to the restrictions of the plan and/or the investment provider. In addition, some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully. Changes may be made by calling 1-877-NRS-FORU (1-877-677-3678) or logging on to [www.fortworthdc.com](http://www.fortworthdc.com).
- XIII. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum plan requirements.
- XIV. I understand that no changes will be effective until they are processed in the Deferred Compensation Service Center.
- XV. Participants enrolling or electing to increase 457 deferrals must provide includible compensation data acceptable to NRS and notify NRS of any subsequent decrease in includible compensation.
- XVI. Availability of life insurance options and other investment options may vary by plan. I understand that if an allocation is made to a closed or unavailable investment option, the allocation will be made to the default option, the Nationwide® Money Market Fund. I understand that if the total investment option allocation percentage equals less than 100%, the difference will be invested in the default option, the Nationwide® Money Market Fund. I understand that if the total investment option allocation is greater than 100%, my application will be rejected and my allocations will not be processed.
- XVII. Nationwide receives payments from mutual fund companies or their affiliates. You can find more detail about this at [NRSforu.com](http://NRSforu.com)

### ENDORSEMENT DISCLOSURE

1. Nationwide Retirement Solutions (Nationwide) works together with the United States Conference of Mayors (USCM) to provide members with a competitive deferred compensation program. As part of this partnership, Nationwide makes payments to USCM in exchange for USCM's exclusive sponsorship of Nationwide products made available under the program. For more information, including amounts paid, Nationwide encourages you to visit [NRSforu.com](http://NRSforu.com).





# 457 quick Form

BEGIN SAVING FOR YOUR RETIREMENT TODAY!

Form  
A

**quick enrollment** is a fast, easy, straightforward, and flexible way for you to enroll in your 457 plan and start your tax-deferred savings today! This is the only form you need to fill out to enroll.

**Here's how quick enrollment works.** Please read the instructions on the back of this form and simply follow steps **1 through 5** below to complete the form; return it, and you will be enrolled! Keep in mind once you've enrolled you can change your selections at any time. **Please print legibly in Blue or Black ink.**

## 1 Please provide your participant information below:

Employer Plan Number	Employer Plan Name
Social Security Number (For tax reporting purposes)	
Birth Date	
Date Employed/Rehired	
Rehired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check if yes	
Name	
Last	
First	
MI	
Street	
City	
State	
Zip	
Daytime Phone ( ) - -	
Evening Phone ( ) - -	
Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	
E-mail	

## 2 Your investment will be selected for you based on the year that you reach your plan's default retirement age.

You will be invested in the Milestone Fund, also known as a "Target Date" fund, which most closely matches the year in which you will reach your plan's default retirement age. For most plans this is age 60. The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time. **Please read paragraph 2b on the back of this form for more information.**

## 3 Please indicate how much you would like to save tax-deferred per pay period in your 457 retirement plan account (check one):

☐ \$15 ☐ \$25 or ☐ Other: \$ OR ☐ 1% ☐ 3% ☐ 5% or ☐ Other: %

You may elect to defer either \$15, \$25, or another dollar amount, or 1%, 3%, 5%, or another percentage of your salary per pay period before taxes are withdrawn. Generally you can change this amount at any time in the future. Please check with your employer for any special plan rules regarding your deferral amounts and ability to make future changes.

## 4 Please tell us who you would like to designate as your beneficiary(ies). Use whole numbers when indicating your allocations (e.g. 50 percent, not 33 1/3 percent).

### Primary Beneficiaries:

Name	Date of Birth	Relationship to you*	Social Security Number (For tax reporting purposes)	% of Benefit
				<b>Total: 100%</b>

### Contingent Beneficiaries, if any:

Name	Date of Birth	Relationship to you*	Social Security Number (For tax reporting purposes)	% of Benefit
				<b>Total: 100%</b>

\* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

It is important that you provide as much information as possible about each of your beneficiaries to ensure that any assets you have remaining in your account upon your death are distributed according to your wishes. The IRS has certain rules governing disbursement of funds to beneficiaries.

## 5 Sign, date, and submit to your employer for approval. I acknowledge that I have read and agree to the disclosure (see Section 4 on the back of this form).

Employee Signature

Date

Authorized Employer Official's Signature

Date



## 457 Deferred Compensation Plan **quick** Form Instructions

**Before you complete this form, please read the accompanying literature so you understand the plan's provisions. To make future changes to your account such as address and/or fund transfers, please use Account Access ([www.icmarc.org](http://www.icmarc.org)) or VantageLine (800-669-7400).**

**IMPORTANT NOTE:** Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a confirmation of your enrollment. You will also receive a quarterly financial statement. Please review these carefully.

### 1. WHAT INFORMATION SHOULD I PROVIDE?

Please complete this section carefully. The employer plan number is available from your employer or ICMA-RC Investor Services at 800-669-7400.

### 2. HOW MUCH CAN I DEFER?

**2a.** IRS regulations allow you to defer the lesser of (1) the full 100% of your gross income after subtracting any Section 414(h) picked-up contributions (mandatory employee contributions to 401 qualified retirement plans made with pre-tax dollars), or (2) a dollar limit in effect for that year. If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, there are special catch-up provisions during the three years prior to the calendar year of normal retirement age. For the applicable dollar limits, please log on to [www.icmarc.org](http://www.icmarc.org) or contact Investor Services at 800-669-7400. A participant may increase, decrease, and/or start, stop and restart contributions by executing appropriate forms and will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed. If you defer more than allowed under IRS regulations, it is your responsibility to correct the error.

**2b.** You will be investing in a Milestone Fund, also known as a "target date" fund, which is a diversified fund that is designed for investors who expect to retire and/or begin withdrawals around a target year. The Milestone Fund that you invest in will correspond to the year determined to be closest to your plans retirement age. For most plans this is age 60. Please be aware that you may change your investment at any time subject to plan restrictions. Also be aware that if you do not provide a birthdate, the allocation will automatically default to the Milestone Retirement Income Fund. For a full description of the Milestone Funds, please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus.

### 3. HOW DO I DESIGNATE BENEFICIARIES?

Print beneficiaries' names and designate their relationship to you and the percentage to be received. **The beneficiary relationship options are spouse, non-spouse, trust, and charity.** If this form is not signed, the beneficiary designation will not be valid. The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in your employer's plan and in ICMA-RC's *Participant and Beneficiary Withdrawal Packets*.

**More than two beneficiaries** – You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, and Social Security number on it.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have designated a contingent beneficiary. If none of your primary or contingent beneficiaries is living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

**Note:** If a Social Security Number is not provided for beneficiaries, and/or ICMA-RC cannot locate the named beneficiaries, the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

### SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary, unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver* form. Contact 800-669-7400 for more information and to request the waiver form.

### 4. WHO NEEDS TO SIGN THE FORM?

Once you have completed this form, sign it and submit it to your employer for approval.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the Internet and telephone transfer feature.

**Welcome to ICMA-RC!**